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Annual report on the evaluation function and major evaluations in UNICEF

Summary

This annual report has been prepared in accordance with the Evaluation Policy (E/ICEF/2008/4) and the relevant Executive Board decisions (2008/4, 2008/22 and 2009/18). The report provides information on global developments in evaluation and the current state of the evaluation function in UNICEF at country, regional and global levels, outlining progress in strengthening the decentralized evaluation function.

The report also contains a summary of selected major evaluations conducted at country, regional and global levels. Information on evaluation at the regional and country levels is based on reports prepared by the regional directors.

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Introduction

1. The evaluation function helps to ensure that UNICEF has timely, strategically focused and objective information on the performance of policies, programmes and initiatives to produce better results for children and women. It contributes to both organizational learning and accountability.

2. The UNICEF Evaluation Office provides leadership for the evaluation function throughout the organization. In addition, it commissions independent evaluations and undertakes inter-agency evaluations within the United Nations system and joint evaluations with other partners.

3. This report is structured in four parts. Section I describes major developments in evaluation in the past year at the global level. Section II presents the current state of the evaluation function in UNICEF, highlighting trends in the allocation of human and financial resources and trends in evaluations. Section III indicates progress made in strengthening the decentralized evaluation function. Section IV presents findings and recommendations of major evaluations undertaken in the regions and by the Evaluation Office during the past year. Wherever possible, a note on the management response and use of the evaluations is also included.

I. Global developments in evaluation

4. In 2009, an important development was the agreement to conduct country-led evaluations in seven of the eight "Delivering as One" pilot countries (Albania, Cape Verde, Mozambique, Rwanda, Tanzania, Uruguay and Viet Nam). Each of these countries has established evaluation management groups to guide these evaluations, with representation from Governments, United Nations agencies and other stakeholders. The evaluations are conducted by independent evaluation teams. UNICEF co-chairs the quality assurance process for these evaluations through the United Nations Evaluation Group (UNEG) and also supports the evaluations through its regional and country offices. Preliminary findings from the country-led evaluations were presented at the High-level Tripartite Conference on "Delivering as One", held in Hanoi in June 2010.

5. UNICEF is a strong contributor to joint and inter-agency evaluations on humanitarian issues. A joint evaluation of the cluster approach was conducted in 2009 and inter-agency evaluations of the Central Emergency Response Fund and the Common Humanitarian Fund are planned for 2010. A major inter-agency real-time evaluation is currently under way in Haiti. As part of its approach to humanitarian evaluation, UNICEF has also conducted a number of significant agency-specific evaluations. In 2009, major evaluations were completed of the response to the tsunami and of humanitarian capacity development. Considerable work also commenced on evaluating education in emergencies and post-crisis transitions, with a major evaluation on this theme due to be completed in 2010.

II. Current state of the evaluation function in UNICEF

Scope and quality of the evaluation system

6. As of March 2010, professional posts at any level that included "evaluation" in the job title existed in 89 country offices, compared to 85 in 2008. The number of such posts is a measure of UNICEF commitment to obtaining high-quality evidence from evaluation. Table 1 indicates changes between March 2008 and March 2010 in the number of evaluation professionals at level 3 posts and higher,[1] and includes a breakdown by gender.

Table 1
Growth in number of UNICEF evaluation professionals, 2008-2010

Evaluation professionals at level 3 posts and higher	*2008*	*2010*	*Growth*
Evaluation professionals	90	103	+14%
International evaluation professionals	50	66	+32%
National evaluation professionals	40	37	-7.5%
Percentage of evaluation professionals in field offices	*84%*	*84%*	*0%*
Percentage female evaluation professionals	*42%*	*50%*	*+19%*

Source: Calculated from data provided by the Division of Human Resources, 2010.

7. All changes since 2008 have been positive. A robust 14 per cent increase in higher-level posts is helping UNICEF to meet its corporate commitment to increase the skills dedicated to evaluation. The fact that this growth is entirely in the international professional category is ensuring more opportunities for career development. Finally, the steady rise in the percentage of female professionals has meant that the desired 50/50 ratio has been reached for the first time (51 female/ 52 male). However, one critical basic conclusion of both 2006 and 2008 remains true in 2010: only 53 country offices have a level 3 or higher post; the majority of UNICEF country offices still do not have a qualified evaluation staff member at level 3 or higher. They are therefore less able to provide the necessary technical support for high-quality evaluations. It is also known that most monitoring and evaluation staff are able to devote only limited time to evaluation due to competing duties.

8. Consistent with a desire to be selective, UNICEF reduced the number of evaluations by over 30 per cent between 2002 and 2006/2007, and the number of evaluations conducted has stabilized. Interestingly, the number of studies and surveys (which often create baselines for later evaluations) has increased again by 9.6 per cent. This may be because of the continued shift towards "upstream" work requiring research to develop the evidence for policy-level advocacy.

[1] Level 3 is the desired minimum level to ensure systemic competence.

Table 2
Number of evaluations and research studies conducted, 2006 through 2009

Year	*Number of evaluations*	*Number of studies and surveys*
2006	248	732
2007	247	752
Total 2006-2007	**495**	**1 484**
2008	232	815
2009	267	811
Total 2008-2009	**495**	**1 626**
Change between 2006/2007 and 2008/2009	0	+142
Percentage change	*0%*	*+9.6%*

Source: Completed evaluations listed in country office annual reports.

9. The average UNICEF country office conducts approximately 2 evaluations and 6 studies and surveys a year. This allows most programmes to be evaluated once during a programme cycle, an important requirement for strategic decision making. Present productivity probably represents a base level, beneath which the organization would not be conducting enough evaluations.

10. A trend analysis of the numbers of evaluations offers some insights into the evaluation function and its strategic links to fulfilment of the medium-term strategic plan (MTSP). A first lesson comes from categorizing completed evaluations according to the MTSP focus areas: focus area 1, young child survival and development (23 per cent of all evaluations); focus area 2, basic education and gender equality (20 per cent); focus area 3, HIV/AIDS (9 per cent); focus area 4, child protection (13 per cent); and focus area 5, policy advocacy and partnerships (11 per cent). The remaining 24 per cent were in other themes, such as emergencies, communication and programme excellence.

11. These figures also represent a continued trend of prior bienniums, whereby evaluation workload follows spending. As predicted in the 2008 report, both child protection and social policy have increased their relative productivity, which was foreshadowed by a large upswing in studies and surveys conducted earlier in the decade.

Table 3
Number of evaluations conducted, by region, 2008-2009

Region	*Evaluations*
East Asia and the Pacific (EAPRO)	111
Eastern and Southern Africa (ESARO)	78
West and Central Africa (WCARO)	75
Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)	73
Americas and the Caribbean (TACRO)	66
Middle East and North Africa (MENA)	49
South Asia (ROSA)	44

Source: Completed evaluations listed in country office annual reports.

12. In general, a pattern emerges that agrees with expectations: regions with fewer offices or a high percentage of offices with lower budgets do fewer evaluations.

13. For the first time, UNICEF is able to report some data on management responses to evaluations. In the 2009 country office annual reports, country offices indicated that 37.6 per cent of evaluations had a management response. Comments attached to the reports indicated that additional responses would be completed in early 2010 and that offices were aware of the policy mandate and the technical guidance note on management response issued by the Evaluation Office in late 2009. However, other comments indicated that responses may often be less formal than is desired. In comparison, the meta-evaluation of UNICEF evaluations conducted in 2001-2002 found that just 25 per cent of the sampled evaluations had management responses. Examining the actual coverage, content and effectiveness of the management responses will be a priority task for 2010-2011.

Expenditures and funding sources for the evaluation system

14. Starting in 2006, the programme coding system was refined to capture evaluation spending more accurately, as shown in table 4.

Table 4
Spending trends for evaluation, country and regional offices, 2006-2009

	(In thousands of United States dollars)		
Item	*2006*	*2009*	*Trend 2006-2009*
Spending on evaluation	7 970	9 560	+19.9%
Comparator: overall UNICEF programme spending	2 120 000	2 940 000	+38.7%
Evaluation spending as a percentage of all programme spending	*0.38%*	*0.33%*	*-13.2%*
Average amount spent per completed evaluation	32.1	36.3	+13.1%
Related spending: analysis, research and studies	27 900	46 310	+66.0%
Related spending: data, databases, surveys and statistics	24 700	35 230	+42.6%
Overall research/social data/evaluation as a percentage of all programme spending	*2.84%*	*3.10%*	*+9.2%*

Source: Calculated from data provided by the Division of Finance and Administrative Management, 2010.

15. Overall spending on studies, surveys, social data and evaluations met the desired minimum 3 per cent of programme spending threshold in 2008 and 2009. While this is positive, the vast majority of the increase in programme spending was not seen in evaluation spending. While evaluation spending has grown, it has grown much slower than overall programme spending and represents a smaller percentage of UNICEF spending than it did in 2006.

16. The cost per completed evaluation has grown slightly and is economical, but it may be too low. Increased spending is likely to achieve greater quality, as seen in more robust evaluation designs and in the greater qualifications of the consultants.

17. Evaluation funding at the field office level (see table 5) is roughly aligned with overall UNICEF funding sources; the burden is being equally shared. As projected, the emergency-related spending was reduced as tsunami programming diminished.

Table 5
Funding sources for evaluation, country and regional offices, 2006-2009

	(In thousands of United States dollars)			
Funding source	*2006-2007*	*Percentage of total evaluation resources, 2006-2007*	*2008-2009*	*Percentage of total evaluation resources, 2008-2009*
Regular resources	7 000	38.7%	6 700	35.8%
Other resources — regular	7 900	43.7%	9 600	51.3%
Other resources — emergency	3 200	17.6%	2 400	12.8%
Total evaluation resources	18 100	100%	18 700	100%

Source: Division of Finance and Administrative Management, 2010.

18. In 2008-2009, Evaluation Office spending (see table 6) advanced significantly, compared to 2006-2007, driven by the doubling of regular resources and significant other resources contributions. For 2010-2011, the Evaluation Office will again see a growth in regular resources in realization of the policy commitment to invest additional resources in evaluation. As projected in 2008, the overall funding pattern has improved, due to the investments in evaluation by other internal stakeholders and with continuing support from donors. Donor commitments for 2010-2011 have been received or promised from the Netherlands, Spain and Switzerland. UNICEF is committed to allocating additional resources to evaluation at the headquarters level and elsewhere, as needed. The Evaluation Committee will continue to monitor resource allocations for evaluation to ensure they are adequate to meet the changing needs of the organization.

Table 6
Evaluation Office: available funding

	(In thousands of United States dollars)			
	*2008**	*2009**	*2010***	*2011***
Support budget — all expenditures	1 579	1 868	2 023	2 150
Regular resources — all expenditures	762	1 099	1 100	1 100
Other resources expenditures — tsunami	669	800		
Other resources expenditures — all except tsunami	1 525	2 240		
Other resources funds on hand				*3 200*

* Expenditures.
** Allocations.

19. The 2010-2011 staffing profile in the Evaluation Office is largely unchanged compared to 2008-2009. The Evaluation Office has 10 professionals, 2 junior professional posts (presently unfilled) and 3 support posts. However, 3 of the

4 professional posts that were on temporary funding status have been established as full staff posts, affording greater stability. As part of the effort to strengthen the evaluation function, UNICEF intends to upgrade the position of Director of the Evaluation Office to the D-2 level. This will bring UNICEF in line with comparable United Nations system agencies.

III. Strengthening evaluation within UNICEF

Overall efforts to strengthen the evaluation function

20. Management of the majority of UNICEF-supported evaluations is largely decentralized, reflecting the decentralized nature of the organization. While the decentralized nature of the evaluation function ensures that the evidence generated is relevant to the local context, and is therefore more likely to inform national policies for children, it poses the challenge of establishing a corporate system that ensures good quality and credibility.

21. To face this challenge, UNICEF, in 2009, strengthened a systemic approach to enhance the evaluation function at the decentralized levels. The Evaluation Office and regional offices are working jointly to strengthen the evaluation function in a number of areas: enhancing strategic planning of evaluations; promoting and supporting the quality of evaluations; improving the use of evaluations and management responses; strengthening internal evaluation capacity; and developing national evaluation capacity in support of national monitoring and evaluation systems.

22. To enhance management attention to evaluation throughout the organization, most regions discussed the strategic positioning and contribution of the evaluation function at high-level regional meetings. As a result, regional strategies to enhance the evaluation function are being developed, which include setting up regional evaluation committees or task forces to lead and monitor evaluation strategy implementation. In the Middle East and North Africa region and West and Central Africa, those strategies were informed by external independent assessments.

23. A new knowledge management system in support of the evaluation function is being implemented. The system is based on innovative and cost-effective technologies, such as communities of practice and web seminars (webinars). To increase access to lessons learned and good practices, additional efforts have been deployed to increase the rate of submission of evaluation reports to the global evaluation database. Significant improvements have already been seen.

24. To enhance evaluation coherence within the United Nations system, the Evaluation Office is actively involved in the UNEG; the Asia-Pacific Shared Services Centre chairs the United Nations Development Evaluation Group for Asia and the Pacific; a number of regions have joint initiatives with other United Nations agencies; and many country offices are supporting United Nations Development Assistance Framework monitoring and evaluation task forces.

Enhancing strategic planning of evaluations

25. Each year, UNICEF country offices carry out approximately 250 evaluations. While many of these are influential evaluations that steer change, others are minor with less impact. To give priority to influential evaluations, the Evaluation Office developed new guidance on how to prioritize major evaluations (this was also requested by the recent audit of the management of evaluations in country offices). The purpose of this guidance is to strengthen the relevance and use of evidence generated through evaluations by UNICEF management and its partners.

26. All regional offices have actively rolled out the new guidance, including by engaging country offices with cost-effective webinars to discuss good practices and lessons learned in prioritizing major evaluations. As part of the oversight of the evaluation function, most regional offices reviewed the draft evaluation plans from country offices, providing appropriate feedback and assistance in prioritizing major evaluations.

27. With the aim of informing regional priorities by generating new knowledge on what works for children, most regions are developing regional evaluation plans and prioritizing selected regional evaluations to be carried out in 2010-2011.

28. Of the 16 evaluations listed in the 2008-2009 MTSP monitoring and evaluation framework, 9 were completed, 5 are under way, and 2 are pending (see annex at end for details). The in-depth review of the MTSP identified a new set of priority evaluations, as reported in annex 2 of the Executive Board document, "Updated annexes to the MTSP" (E/ICEF/2010/10), and stronger monitoring is in place to support timely implementation.

Promoting and supporting the quality of evaluations

29. Regional offices have the responsibility to provide quality assurance of evaluations at the country level; to support this, most regions have developed regional quality assurance systems.

30. In an effort to contribute to improving evaluation quality, the Evaluation Office continued to actively engage with UNEG to integrate human rights and gender equality perspectives into evaluation, as well as to develop new standards for evaluation reports. From 2010 on, the Evaluation Office will set up a global evaluation oversight system to ensure that evaluation reports are reviewed against these new standards and that appropriate feedback is given to country offices.

31. To facilitate knowledge sharing, the Evaluation Office and regional offices developed and launched a global evaluation community of practice. Uniting more than 330 UNICEF professionals worldwide, this community of practice is the largest in UNICEF and reaches professionals beyond evaluation. It is expected that it will enhance personal and professional growth by engaging the collective wisdom of peers, sharing good practices and lessons learned, finding answers to evaluation challenges and discussing emerging topics and trends. The community of practice complements the help desk function, which is designed to address evaluation queries from country and regional offices and headquarter divisions.

Improving use of evaluations and management response

32. Following the 2009 Executive Board decision requesting "preparation and availability of management responses for all evaluation reports" and the recent audit of the management of evaluations in country offices, the Evaluation Office developed, through a consultative process, new guidance on management response to evaluation. Its purpose is to strengthen the use of evaluation by UNICEF management and, to the maximum extent possible, its partners. A tracking system to document management responses and follow-up actions to evaluations was also developed, which aims to provide a written record of planned actions in response to evaluations.

Strengthening internal evaluation capacity

33. The UNICEF corporate programming manual and training packages were revised to incorporate major changes in the evaluation function during the last few years, including the new evaluation policy and related guidance.

34. All regions implemented initiatives to strengthen evaluation capacities, such as regional and country-level training and use of regional communities of practice, webinars and study visits to learn from good practices in national monitoring and evaluation systems.

Developing national capacities for country-led monitoring and evaluation systems

35. Responding to recent Executive Board requests, UNICEF increased its efforts in 2009 and 2010 to strategically contribute to strengthening national evaluation capacities, in alignment with UNEG and in partnership with major stakeholders. The Evaluation Office co-led UNEG task forces aimed at identifying the strategic role of the UNEG and United Nations agencies in national evaluation capacity development, as well as supporting country-led evaluations of the "Delivering as One" pilot countries.

36. To facilitate the dissemination of good practices and lessons learned in fostering national capacities for country-led evaluation systems, UNICEF published and widely disseminated — in partnership with the World Bank, the United Nations Development Programme, the World Food Programme, the International Labour Organization, the United Nations Development Fund for Women, the International Organization for Cooperation in Evaluation and the International Development Evaluation Association — a book collecting the wisdom and experiences of 40 internationally recognized experts.

37. Working together with key development partners, UNICEF provided support to the Governments of several countries in enhancing national evaluation systems: assistance to the Ghana monitoring and evaluation sector group, to institutionalize monitoring and evaluation in public sector management at the national and local levels; to Mali, for its comprehensive plan to improve public sector management and accountability for development results; to Mali, Mauritania and Uganda for

national diagnosis of the evaluation function; and to Rwanda and Uganda to design their own national evaluation frameworks.

38. To enhance the professionalism of evaluation, UNICEF continued to support professional evaluation associations worldwide. At the regional level, support was given in Africa, CEE/CIS and Latin America; at the national level, in Egypt, Ethiopia, Kenya, Malaysia, Mali, Morocco, Niger, Senegal and Sri Lanka. Notable examples include support by the Evaluation Office to the global strategic planning of the International Organization for Cooperation in Evaluation; Egypt country office support for a major international conference on impact evaluation organized by the International Initiative on Impact Evaluation, the Africa Evaluation Association and the Network of Networks on Impact Evaluation; and support to the newly created Moroccan Evaluation Association on promoting public policy evaluations, including establishing an information system to monitor and evaluate national policies and programmes for children.

39. UNICEF also trained government staff in several countries. Innovative approaches have been carried out in the East Asia and the Pacific and South Asia regions, under the leadership of the Asia-Pacific Shared Services Centre. These led to a strengthening of the capacity of local centres of excellence to deliver high-quality training in Bangladesh and India and the organizing of regional conferences on country-led monitoring and evaluation systems.

IV. Major evaluations

UNICEF Evaluation Office

Children and the 2004 Indian Ocean tsunami: evaluation of the UNICEF response in Indonesia, Sri Lanka and Maldives (2005-2008)

40. The UNICEF response to the 2004 Indian Ocean tsunami was one of the most ambitious and comprehensive responses ever to a natural disaster. Total funding for the response, covering relief, recovery and early development phases, amounted to $696 million, of which 84 per cent was allocated to the three hardest-hit countries: Indonesia, Sri Lanka and Maldives. The evaluation covered the recovery and early development phases of the response from 2005 to 2008, with a dedicated focus on child protection; basic education; health and nutrition; and water, sanitation and hygiene (WASH). These are sectors in which UNICEF had taken a lead role or made significant investments.

41. The evaluation examined changes in impact and outcome levels in the areas affected by the tsunami and asked to what extent the UNICEF response delivered on its commitment to "build back better" in the three countries. The evaluation has recommendations for partners and also draws lessons on recovery/transition programming and related cross-cutting issues.

42. The evaluation found that in the education sector enrolment rates were restored to pre-tsunami levels in each of the three countries and exceeded pre-tsunami levels in Aceh (Indonesia). All three countries organized their "building back better" efforts around making schools child-friendly. Especially in Aceh and Sri Lanka, the recovery focused on large-scale construction, enabling the majority of children to return to better-built permanent schools within the first year. Conflict was found to

matter: the peace agreement in Aceh had a significantly positive influence on all aspects of education recovery, especially for girls, and persistent unrest in Sri Lanka appreciably delayed recovery for large numbers of children. Identified gaps included measures to address pockets of exclusion and insufficient attention to community involvement in schools.

43. In Indonesia and Sri Lanka, the emergency response was an opportunity to build on rudimentary systems for child protection and put protection issues on the national policy agenda. The impact of these initiatives remains to be determined, given their nascent development. In the Maldives, child protection systems remain particularly weak. The value of non-governmental organization services in child protection should not be underestimated.

44. Improvements in the health and nutrition sectors included greater access to health services through new facilities and encouragement to governments to expand their policies with respect to wide age-range immunization campaigns. Although UNICEF was a relatively small contributor to the overall health and nutrition response, its contribution to prevention of disease outbreaks and capacity development at district and island levels was substantial. However, the evaluation concluded that the tsunami response missed the opportunity to develop more effective policies to address the underlying pre-existing causes of malnutrition and maternal mortality in the three countries.

45. Across all three countries, UNICEF emergency response in the WASH sector provided access to safe water and sanitation for internally displaced children and their families. In the recovery phase, the response contributed to restoration of water and sanitation facilities for tsunami-affected families and improvements in water supply. While the evaluation noted some improvements in water security, basic sanitation and hygiene, efforts to build back better were overly ambitious, introducing concerns about maintenance and sustainability in new and sophisticated facilities.

46. The overarching recommendation of the evaluation was that UNICEF should strengthen and revise its post-emergency recovery and transition strategy and guidelines to better address both strategic planning and management aspects. The evaluation recommended a number of UNICEF actions at the global level:

(a) Outsource the entire management of large-scale construction programmes and devote attention to policy development work;

(b) Increase investment in knowledge management and evidence-based systems to inform planning, implementation and monitoring and evaluation;

(c) Institute sound data collection and analysis practices and disaggregate data by gender and vulnerability;

(d) Undertake a capacity needs assessment at provincial and district levels, which includes developing in-house capacity to assess and incorporate a peace-building perspective into all existing planning mechanisms in conflict-affected countries.

47. While recommendations from the evaluation are being addressed through a formal management response process, some of the lessons are already being used in planning the response to the Haiti earthquake.

CEE/CIS

Gender mainstreaming in country programmes of cooperation

48. The global evaluation of gender policy implementation in UNICEF was completed in 2008. The evaluation identified several weaknesses in the overall response to gender inequality and made a number of recommendations to address these areas: (a) increase the methods and processes for mainstreaming gender in all its programmes; (b) improve staff capability and capacity to mainstream gender into programmes; (c) promote evidence-based policies and practices; (d) mobilize relevant partners; (e) collect, analyse and disseminate data disaggregated by sex and age to inform country-level responses; and (f) ensure that programmes empower women and girls at family, community and national levels.

49. In response to this evaluation, in 2009, the CEE/CIS regional office and 18 of 22 countries conducted gender assessments to examine the extent to which programmes, strategies and internal management practices were oriented towards achievement of gender equality. Similar assessments were also carried out in other regions. Conducted by highly qualified independent consultants, these assessments set out to identify gaps, good practices, lessons learned and recommendations for improving gender mainstreaming in country programmes.

50. The assessments found awareness of the gender equality goal, as well as the need for gender-based programming and for gender balance in the workplace. Activities that had a deliberate focus on gender equality and the rights of women and girls were mostly found in the programmatic areas of education, early childhood development and HIV/AIDS. These included the use of life skills-based education to promote gender equality; activities to address differential drop-out rates of girls from secondary and post-secondary education; enhancing the role of fathers in parenting; addressing domestic violence; and developing HIV mitigation strategies for the most at-risk adolescent boys and girls. However, the assessments also noted that gender mainstreaming was not always explicit or systematically documented in programme objectives and targets, and that indicators were not always specific enough to measure progress towards gender equality. Moreover, country programmes tended to lack conceptual clarity on gender mainstreaming and programme activities targeting women and children.

51. Recommendations included the need to increase engagement with boys and men in gender equality issues; ensure that funding for gender mainstreaming is made explicit; monitor overall spending from a gender mainstreaming perspective; and define clear procedures, responsibilities, accountabilities and standards for reporting. Recommendations also encouraged the CEE/CIS regional office to hold top management accountable in ensuring that the regional gender focal point network is functional, country programmes have access to sector-specific technical expertise and an environment exists that enables exchange of good practices and experiences in gender mainstreaming.

52. In response to the evaluation, several country offices have revised annual management plans to specify gender mainstreaming priorities and "gender checks" in authorization and approval processes; others have revised the terms of reference for the role of gender focal points and consultants; some have revised annual work plans to include more gender-sensitive activities or to make the existing gender mainstreaming practice and expertise more visible; and a few are planning to

conduct in-house capacity development exercises and to strengthen partnerships and collaborate to promote gender equality, in particular through United Nations gender theme groups.

EAPRO

Inter-agency real-time evaluation of the response to cyclone Nargis

53. Cyclone Nargis struck Myanmar on 2 May 2008, making landfall in the Ayeyarwady and Yangon divisions before hitting the former capital, Yangon. It is estimated that 2.4 million people were affected by the cyclone, and the official death toll was estimated at 84,537. The Inter-Agency Standing Committee commissioned a real-time evaluation to analyse ongoing relief activities and assess the adequacy of the response provided by the international community and other actors.

54. The evaluation used a mixed method approach, comprising a document review, 120 key informant interviews and a field visit to Bogalay Township, where 17 focus group discussions were held in 10 villages. The team also observed clusters, interviewed UNICEF regional office staff and held meetings with the Inter-Agency Standing Committee and the United Nations country team. The evaluation was carried out by a four-person team, comprised of two international and two national consultants. Because real-time evaluations are typically carried out at the early stages of an emergency, this approach was chosen to allow simultaneous feedback of findings for immediate learning and use, which in turn makes it effective for programme transition.

55. In addition to improvements in coordination structures and practices that could facilitate a more effective transition to recovery, the evaluation identified three issues that require more focus in similar occurrences: community consultation, disaster risk reduction and restoration of livelihoods. An unmet need for potable water during the dry season was also identified. In addition, effort needs to be made to mitigate severe psychosocial stress as communities become increasingly aware of their vulnerability in the event of another cyclone. Also, as impressive as the national response effort was, national staff indicated that many lessons learned from earlier humanitarian responses were not incorporated into the cyclone response since more experienced emergency responders were not involved from the outset.

56. While the overall assessment was that the response to Cyclone Nargis was effective, the evaluation made a series of recommendations, most of which were incorporated into later revisions of the response strategy. The evaluation recommended a review and rationalization of the current cluster system by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Agency Cluster Coordinator. It also called for them to facilitate discussions within each cluster to clarify roles and responsibilities and for OCHA to guide adjustment and adaptation of coordination systems that are better suited to local actors. Another recommendation for OCHA was to reduce reliance on meetings as a primary coordination mechanism.

57. The evaluation also recommended that senior programme staff in international agencies should promote establishment of village-level committees to improve consultation in affected communities; that the international community should support development of a national disaster risk reduction strategy incorporating

recovery activities at the community level; and that donors should make funding available for livelihood activities in response to Cyclone Nargis.

ESARO

Evaluation of "My Future is My Choice", an HIV prevention and life skills programme in Namibia

58. "My Future is My Choice" is an HIV prevention and life skills programme, structured as a peer education extracurricular programme that seeks to protect young people from HIV infection and other sexually transmitted diseases and unplanned pregnancies. An evaluation was commissioned in 2008 to address the relevance of the programme to young people and its delivery mechanism, including the quality and ability of facilitators and trainers to deliver the programme efficiently; the programme's effectiveness; and whether it has influenced the knowledge, skills and behaviours of learners, graduates and peer facilitators.

59. The evaluation utilized a mixed-method approach. Data collection efforts included administering questionnaires to learners who participated in the programme between 2006 and 2008; interviews with peer facilitators, teachers, school principals and trainers; focus group discussions with graduates and peer facilitators; and observation of training courses, both for facilitators and for learners. The evaluation also administered a survey on knowledge, attitudes, practices and behaviours to graduates and to a comparable sample of young people who had not participated in the programme.

60. The evaluation found that the programme was broadly perceived as beneficial to participants, implementers and participating schools. It also found that the programme reinforces content learned in life skills and science classes, and that its interactive participatory methods empower young people to be receptive to learning and to speak openly about sexuality and HIV/AIDS.

61. In comparing the knowledge, attitudes, practices and behaviours of participants and graduates with that of non-participants, findings indicated that programme participation equips young people with accurate information about HIV/AIDS and reproductive health. Self reports from participants show that they have become more knowledgeable about sexual and reproductive health; engage in less risky sex and related behaviours; and have learned negotiation skills necessary to deal with peer pressure. Young people also reported becoming more accepting of people living with HIV and AIDS and more confident communicators and role models for other young people.

62. Several areas of weakness were identified in existing programme arrangements, one being that topic knowledge gaps and high turnover among peer facilitators challenged the capacity to implement the programme. Also, the programme was viewed in schools as just another add-on, rather than an integral component of the life skills set needed by young people. The evaluation identified uneven monitoring of programme delivery and insufficient quality control as obstacles to effective programme implementation.

63. Programme participants, facilitators and other stakeholders expressed the need to expand the programme to reach more young people, beginning with making it a core component of the school curriculum and mandatory for all grade 9 learners.

Given current evidence on the potential achievements of a good peer education HIV prevention programme, the evaluation recommended packaging the programme as an important component of a more comprehensive HIV prevention strategy among young people. Such a strategy should include access to adolescent-friendly reproductive health services and additional strategies and incentives to address behaviour change. Also, the designers should develop measurable targets against which to assess progress towards the objectives of "My Future is My Choice".

64. Findings and recommendations of the evaluation were presented to the technical management team of the Ministry of Education and discussed by the UNICEF Namibia programme group and senior management team. As part of the follow-up, terms of reference have been prepared for the review and revision of programme materials to ensure quality enhancement and improvement in delivery.

TACRO

Midterm evaluation of the Bolivian Health Support Programme (2006-2011)

65. The Bolivian Health Support Programme aims to improve access to and quality of primary health care services, particularly mother and child care, and to strengthen public health sector management capacities at the central, departmental and local levels in the poorest departments of Oruro, Beni and Pando. While being implemented by the Ministry of Health in close collaboration with the National Productive and Social Investment Fund, the Bolivian Health Support Programme is an $18.4 million programme that relies on the support of UNICEF and the Canadian International Development Agency.

66. An external midterm evaluation was commissioned to assess the relevance and effectiveness of the programme to the health sector and to provide lessons to inform a possible second phase. The evaluation focused on three outcomes: the extent to which the programme had an impact on improving access to and quality of local services in basic maternal and infant health; whether the Ministry of Health and the three departments of health services had been strengthened; and whether efforts to renovate existing equipment and infrastructure were on track. A desk review of documents was conducted, as well as semi-structured interviews and focus group discussions. Additional data was obtained from testimonials and questionnaire responses. The diversity of data collection methods and sources of information allowed for triangulation of the findings.

67. The evaluation concluded that the programme was improving the population's access to health care services in Oruro, Beni and Pando. Key results were achieved in training and quality care; management, planning and capacity-building; and improving infrastructure and the provision of equipment. Notable reductions in child mortality and chronic malnutrition were seen in Oruro and Pando between 2003 and 2008, while vaccination coverage also improved. The evaluation noted that the programme was well integrated into the Ministry of Health system. Hence, many activities would continue to be implemented though there would be funding constraints once the programme finished.

68. The most important recommendation was to make reduction of maternal and neonatal mortality a priority of the programme. Other recommendations included the need for the Government to assume leadership of the programme, not only for

budget support, but at policy levels and the need to create an advisory council to provide inter-institutional coordination, synergy and experience exchange among programme components at national and regional levels. The advisory council should bring together all stakeholders and link health care services (supply) to civil society (demand). A number of recommendations were incorporated in the new plans for the remaining two years of the programme. For instance, a gender action plan was prepared that includes sexual and reproductive health education for men and "men-friendly services" at health centres.

MENA

Evaluation of UNICEF support to improve access to quality education for Iraqi refugees in Syria

69. An estimated 1.4 million Iraqi refugees arrived in Syria by mid-2007. Half of them were children, and 80 per cent were concentrated in Damascus and the governorate of rural Damascus. In 2007, the European Union provided 3 million euros to facilitate UNICEF support to efforts by the Syrian Ministry of Education to provide comprehensive humanitarian educational services through Education Support to Iraqi Refugee Children. The programme was expected to improve or rehabilitate school buildings and sanitary facilities, provide educational supplies and furniture, and enhance learning environments by developing school capacities to integrate Iraqi refugee children.

70. At the end of the initial funding period in 2009, an evaluation of the first phase of the programme was commissioned to gather evidence to assess overall impact, document good practices and lessons learned, and provide recommendations on how to enhance effectiveness in the next cycle (2010-2012). The evaluation team conducted a desk review of various programme reports and protocols and surveyed 123 schools, 740 teachers, 3,390 pupils, 454 parents and other stakeholders.

71. The evaluation concluded that the goal of providing access to 100,000 students throughout the country was not reached. This was partly because the number of Iraqi students residing in Syria was lower than estimated, resulting in a major difference between the set target and actual programme coverage. Also, the number of Iraqi school children declined by 33 per cent in 2009, due to Iraqi families returning to their home country or resettling in third countries, lack of interest in school, and expiration of residency permits. However, the evaluation identified some positive results — life skills training for teachers and counselors was instrumental in upgrading their skills on active learning methods and for understanding the psychosocial environment in which Iraqi children were living, and standards were established for supplies and school rehabilitation.

72. The evaluation noted that the collaboration between key stakeholders was strengthened, but beneficiaries' involvement was very limited. It was therefore recommended that the role of the Iraqi community in the programme should be clearly defined and their participation and involvement in programme design and execution encouraged.

ROSA

Evaluation of PRECISE, a comprehensive child injury prevention programme in Bangladesh

73. The World Report on Child Injury Prevention (2008) identified injury as a major public health problem, responsible for about 950,000 deaths of children under the age of 18 years. In Bangladesh, the International Centre for Diarrhoeal Disease Research established a demographic surveillance system that showed a dramatic increase in the proportion of child deaths due to injuries: 53 per cent in 2000, compared to 9 per cent in 1983. To identify effective and feasible interventions to prevent child injuries, the Centre for Injury Prevention and Research and its partners — UNICEF Bangladesh and The Alliance for Safe Children — designed a comprehensive community-based child injury prevention model, Prevention of Child Injuries through Social Intervention and Education (PRECISE).

74. PRECISE had three components: create safe homes by changing the hazard environment in and around the home and risk behaviours of household members; create safe schools by heightening knowledge and awareness among students and teachers on the potential risks and hazards of injuries and identifying the potential risk environments in and around school; and create safe communities through advocacy, day care for supervision of young children, swimming and water safety, disaster preparedness and a first response system.

75. The evaluation of PRECISE, a quasi-experimental community trial, was conducted in four intervention and two control areas, selected on the basis of high prevalence of all types of child injury, mortality and morbidity in rural and urban areas of Bangladesh. The total sample was 200,000 children in 40,000 households in each area.

76. As part of the pilot, an evaluation was conducted to examine the extent to which the intervention affected home, school and community safety. The evaluation study was a pre-post quasi-experimental design, which used the injury surveillance system and knowledge, attitudes, practices surveys as measures of the efficacy and effectiveness of the intervention. PRECISE was designed to include a significant investment in surveillance and monitoring to evaluate the effects of components and interactions between them, and to shed light on the efficacy of prevention in different groups, according to age, gender, type of injury and intensity of the intervention schedule.

77. The evaluation concluded that PRECISE achieved significant reductions in fatal and serious non-fatal child injuries in the intervention areas. It reported a 28 per cent reduction of injury deaths in children and youth under the age of 17 in the intervention areas; a 44 per cent decline in drowning, the single largest killer of children aged 1-4 years; and a 29 per cent reduction in injury-related hospitalization rates in children under the age of 17. Community day care was found to be effective in preventing injury mortality and morbidity among young children, while the SwimSafe programme was effective in preventing drowning in children aged 4 and older. A significant increase in students' knowledge on injury prevention was achieved through the school safety programme.

78. While the main recommendation was to continue PRECISE to monitor impact over a longer period of time, it was also recommended to increase the coverage of the safe home component immediately to larger proportions of the community to benefit more at-risk children. The evaluation further recommended expanding the scope of

SwimSafe to include resuscitation as a lifesaving measure. Also recommended was further research into behaviour change communication such as interactive popular theatre.

WCARO

Evaluation of the implementation of the integrated services package in elementary schools in Senegal

79. Given the large school-age population in Senegal, the programme of cooperation between the Government and UNICEF (2002-2006) refocused efforts to create demand for schooling, assist communities to maintain children in school, reduce the chronic shortage of infrastructure in remote regions and rural areas, and reform schools into healthy and protective environments for learning. This work is carried out through the Integrated Services Package (ISP), a joint initiative of UNICEF and the Government, which seeks to establish or provide resources for 500 primary schools in Ziguinchor, Kolda and Tambacounda regions.

80. ISP programme activities include establishing school cafeterias in partnership with the World Food Programme and providing deworming services and vitamin A supplementation twice a year. Other ISP activities include life skills training for teachers and students to induce behaviour change with regard to hygiene, nutrition, health, conflict prevention and management, and handling of anti-personnel mines; establishing or revitalizing school management committees; and building or rehabilitating school infrastructure in Kolda and Ziguinchor to support the relief and peacebuilding process.

81. The programme increased access to school in the three districts for girls and children from vulnerable groups, and performance on the end-of-primary certificate exceeded the national level. Repetition rates are decreasing and approaching the 5 per cent national target for 2010, while drop-out rates are below the 5 per cent target. Also, improvements in the physical and psychosocial environments motivated teachers and students to attend school and community members to get more involved in management. Overall, by providing operational support to increase community participation and students' care and protection, ISP broadened the vision of improving education quality for inclusion of marginalized or excluded groups.

82. To consolidate programme achievements and plan scaling-up of this initiative, one recommendation is to strengthen the partnership with the Canadian International Development Agency, Japan International Cooperation Agency, World Food Programme and Counterpart International to consolidate achievements and support improvements in the school environment as well as sharing of experiences. The evaluation also recommended greater involvement of communities and children to make schools child-friendly and to increase awareness of, and commitment to, the Convention on the Rights of the Child. UNICEF and the Government were challenged to work on a government-led process to qualify Senegal for Fast Track Initiative funding so they can bring the programme to scale.

83. Evaluation findings have been used to: sharpen the vision of UNICEF and partners regarding what constitutes a child-friendly school; enable UNICEF to advocate for expansion of strategic partnerships to improve the quality of education and scaling-up of the ISP through the Fast Track Initiative; and enable establishment of a community-based coalition to harmonize education interventions, thereby increasing the likelihood that gains from education interventions will be sustainable.

Annex

Status of MTSP evaluations and research planned and conducted, 2008-2009

Status is described in the following ways:

Pending: Still considered relevant but no action has been taken

Mobilization: Terms of reference finalized or under design; resources being gathered

Implementation: Field work under way or complete; analysis in process

Completed: Final report delivered; dissemination under way

Superseded: Original emphasis has shifted to a modified, higher priority

Title	*Status as of January 2010*	*Comment*
Programmatic evaluations. Determine if a programming strategy central to MTSP success has (a) an evidence basis of impact or (b) is being implemented with high levels of effectiveness.		
1. Immunization co-financing *(focus area 1)*	Completed	
2. Multiple micronutrient supplements – delivery strategies and impact on infectious diseases *(focus area 1)*	Superseded and Implementation	The emphasis has changed from a large-scale programme evaluation to a more controlled research trial in two pilot countries (Cambodia and Peru), with completion expected in March 2011.
3. Comprehensive and integrated follow-up of HIV-exposed infants after delivery *(focus areas 1 and 3)*	Implementation	Data collection in five countries completed; analysis and generation of reports under way.
4. Enhancing school readiness through child-to-child programmes *(focus area 2)*	Implementation	Pilot phase has been extended by one year to allow a deeper base of evidence to emerge. Completion expected in 2010.
5. Evaluation of the United Nations Girls' Education Initiative *(focus area 2)*	Mobilization	Pilot test scheduled for Ethiopia in 2010.
6. Child-friendly schools programming: global evaluation *(focus area 2)*	Completed	An additional six country case studies have been delivered in response to national requests.
7. Progress evaluation of the Education in Emergencies and Post-crisis Transition Programme *(focus area 2)*	Mobilization	Completion expected by October 2010.
8. Effectiveness of community-based early childhood development centres *(focus area 2)*	Pending	Scheduled for 2010.
9. Impact of linking social welfare services and cash transfers with school systems *(focus area 4)*	Superseded	A literature review (including evaluations) was published in the Vulnerable Children and Youth Studies journal.
10. Mine risk education impact evaluation *(focus area 4)*	Pending	A methodology will be developed in 2010 to enable the evaluation to take place at a later stage (perhaps 2011).

Title	*Status as of January 2010*	*Comment*
11. Strengthening national capacity development for humanitarian action *(cross-cutting)*	Superseded and completed	Focus was adjusted to inter-agency capacity (e.g. cluster leadership). Investing in Humanitarian Action: Evaluation of the DfID-UNICEF Programme of Cooperation.
12. Children and the 2004 Indian Ocean Tsunami: UNICEF response in Indonesia, Sri Lanka and Maldives (2005-2008) *(cross-cutting)*	Completed	
State of knowledge assessments. Knowledge building efforts are important for developing effective future strategies. These will include rigorous efforts to assess lessons learned by other partners.		
1. Patterns and policy implications of health inequalities *(focus area 1)*	Implementation	To be completed in 2010 in two regions.
2. Cost-analysis of programmes for PMTCT *(focus areas 1 and 3)*	Implementation	Data collection and analysis have been completed in two of five countries; the remaining three are to be completed in 2010.
3. Making budgets work for children *(focus area 5)*		
4. Civic engagement: new thinking and methodological innovation in social change approaches to development *(focus area 5)*	Implementation	
5. Children's issues in urban environments: a global situation analysis *(cross-cutting)*	Completed	The situation analysis was undertaken with a focus on urban poverty.
Corporate-level topical or operational effectiveness evaluations. Determine if (a) the cross-cutting programming theme is successful or (b) the organization is internally efficient. These require a well-developed set of examples from lengthy corporate engagement.		
1. Global evaluation of DevInfo	Completed	
2. A Study of UNICEF Engagement in Global Programme Partnerships	Completed	
3. UNICEF corporate partnerships	Completed	
4. Going to scale on the basis of pilot programmes	Superseded and Completed	Originally scheduled for 2010-2011, the management of pilot projects was undertaken as a performance audit by the Office of Internal Audit.